



SDMS DocID 2179271

## Home and Well Survey

PFE  
FPT-ORIGINAL  
RED

## Ex. 6 - Personal Privacy

Resident's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone Ex. 6 - Personal Privacy \_\_\_\_\_

Address: \_\_\_\_\_

Ex. 6 - Personal Privacy

Email address: \_\_\_\_\_

No Email

Owner Information (If Different): \_\_\_\_\_

owns the trailer not the land

Number of Household Residents/Age Groups:

Infants (Under Age 1) \_\_\_\_\_

Toddlers (Age 1-6) \_\_\_\_\_

3 year old  
weekendsChildren (Age 7-12) 1Adolescents (Age 13-18) 1Adults (Age 18-65) 2

Seniors (Age 66+) \_\_\_\_\_

1 landlord

Do you have a water treatment system? If so, please identify the components of the system (if any): \_\_\_\_\_

Well Information:

Type:

Dug ☐Drilled ☒

Well Depth: \_\_\_\_\_

Well Age: \_\_\_\_\_

Driller log of the well installation (these are the detailed notes that the driller takes during the installation): \_\_\_\_\_

Name of Driller/Service Company (If Known): \_\_\_\_\_

Total depth of well: \_\_\_\_\_

Depth of surface casing: \_\_\_\_\_

Cement on Surface casing: Yes ☐ No ☐

Length/Depth of Screen (the screened interval of the well): \_\_\_\_\_

Depth of pump in relation to total depth of the well: \_\_\_\_\_

Well Repairs or Re-drilling in past 15 years: \_\_\_\_\_

Have you had your well water tested for contamination in the past? \_\_\_\_\_

If so, and you would be willing to share your results with the EPA, what contaminants have been found in your well historically? \_\_\_\_\_

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Recent or past changes in water quality (taste, odor, appearance): There are odors,  
appearance bubbles, oily.

Do you currently use your well water for drinking? Yes ☐ No ☐

Cooking? Yes ☐ No ☐ Bathing? Yes ☒ No ☐

Other household uses? Adults ~~shower~~ shower

If you do not use your well water, what water source do you use? Buffalo

Have you been provided an alternate source of water for drinking/cooking? Yes ☒ No ☐

Other uses? Yes ☐ No ☐ When did this occur? \_\_\_\_\_

If so, who provides/provided the alternate water? Seura

Is there an agreement with the provider? \_\_\_\_\_

What event/condition prompted the use of alternate water? \_\_\_\_\_

When did this occur? \_\_\_\_\_

Lease with gas company: Yes ☐ No ☐

If so, what is the status of lease: \_\_\_\_\_

Is there any additional information you would like to provide to us: \_\_\_\_\_

\_\_\_\_\_

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